

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Friends of David Happe for City Council 2018		Date Stamp RECEIVED CITY OF BANNING NOV 02 2018 CITY MANAGERS' OFFICE BY: <i>ams</i>	
AREA CODE/PHONE NUMBER 619-916-6828	I.D. NUMBER (if applicable) 1412310	Date of This Filing 11/02/18	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 4256 Hillside Dr		Report No. 8	
CITY Banning	STATE Ca	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
	ZIP CODE 92220	No. of Pages 1	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
11/02/2018	Business Leaders for Ethical Government 330 Encintas Blvd STE 101 Encintas Ca 92024	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250.00 <input type="checkbox"/> Check if Loan Provide interest rate _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan Provide interest rate _____%

Reason for Amendment: _____

****Contributor Codes**

- IND - Individual
- COM - Recipient Committee (other than PTY or SCC)
- OTH - Other (e.g., business entity)
- PTY - Political Party
- SCC - Small Contributor Committee